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I hereby certify that this correspondence is being deposited with the
 United States Postal Service as First Class Mail in an envelope
 addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
 On: 10/28/05
 By: Crystal Susa Printed: Crystal Susa



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Theeuwes, et al.

Title: LOCAL CONCENTRATION MANAGEMENT SYSTEM

Serial No.: 09/917,181 **Filing date:** 07/26/2001

Examiner: Lam, Ann Y. **Group Art Unit:** 1641

MS Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Transmittal Fee Sheet (2pp., in duplicate);
3. Petition for Extension of Time (1pg., in duplicate);
4. Response to Office Action (14pp., in duplicate).

Fee Calculation – The fee has been calculated as follows:

CLAIMS AS FILED (Fees computed under §1.16)

| Claims | Number Filed | Minus Claims previously paid for | Number Extra | (Large Entity) TOTAL | |
|--|--------------|----------------------------------|--------------|----------------------|-------|
| Total Claims | 33 | -32 | 1 | X \$ 50 | \$ 50 |
| Indep. Claims | 2 | -30 | 0 | X \$ 200 | \$ 0 |
| <u>Multiple Dependent Claim(s), if any + \$360</u> | | | | | |

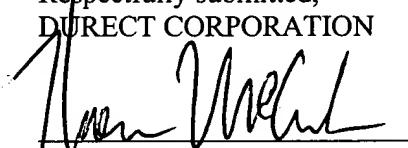
| | |
|---------------------------------------|-----------------|
| Petition for Extension of Time (2mo.) | <u>450.00</u> |
| TOTAL FILING FEE | \$500.00 |

Please charge Deposit Account No. 50-1953 in the amount of \$500.00. The
 Commissioner is hereby authorized to charge any additional fees associated with this

communication or credit any overpayment to Deposit Account No. 50-1953. A duplicate copy of this communication is enclosed.

If there are any questions regarding the above, the Examiner is invited to call the undersigned at 408-777-4915.

Respectfully submitted,
DURECT CORPORATION


Thomas P. McCracken
Reg. No. 38,548

Date: 28 OCT 2005
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